

CLAIMS TO BE DISALLOWED AND EXPUNGED					
Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference
ALLEN R DEAN MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69599	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
			Unliquidated		
CHARLES R WEATHERS MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69594	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
			Unliquidated		
ROBYN F BOWIE MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69596	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
			Unliquidated		
SANDRA S JONES MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69598	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
			Unliquidated		

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

(2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.

CLAIMS TO BE DISALLOWED AND EXPUNGED					
Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference
SHEILA A COLEMAN MISSISSIPPI WORKERS' COMPENSATION INDIVIDUAL SELF-INSURER GUARANTY ASSOCIATION C/O A SPENCER GILBERT III PO BOX 13187 JACKSON, MS 39236	69595	Motors Liquidation Company		No Liability; Claims seek recovery of amounts for which the Debtors are not liable	Pgs. 1-5
Unliquidated					
Claims to be Disallowed and Expunged Totals	5	\$0.00 (S)	\$0.00 (A)	\$0.00 (P)	\$0.00 (U)
		\$0.00 (T)			

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(2) Claims on the exhibit are sorted in alphabetical order based on the creditor name as listed on proof of claim form.